

Commonwealth of Kentucky

Court of Justice

Construction Service Provider Questionnaire

**Purpose:**

The Commonwealth of Kentucky Court of Justice encourages firms, corporations, and companies which provide construction and construction-related services to annually submit a statement of qualifications and performance data to the AOC General Manager of Facilities, 100 Millcreek Park, Frankfort, KY 40601.

Policy:

The policy of the Commonwealth of Kentucky Court of Justice in acquiring construction and construction-related services is to encourage firms, companies, and corporations lawfully engaged in the practice of construction to submit annually a statement of qualifications and performance data. The Court of Justice Construction Service Provider (C-S Questionnaire) is provided for that purpose. The Court of Justice shall evaluate these qualifications resumes, together with any other performance data on file or requested in relation to any proposed project. The C-S Questionnaire may be used as a basis for selecting firms for discussion, or for screening firms preliminary to inviting submission of additional information or inviting proposals on projects.

Definition of Construction and Construction-Related Services:

Architect-Engineer and related services are those professional services provided by General Contractors, Contractors, and Sub Contractors for major portions of or for critical components of facility construction, renovation, alteration, and/or adaptation. Construction and Construction-Related Service include the management, administration, materials, equipment, labor, supervision, expertise, warranty, documentation, and all other activities required to complete a project.

Instructions for Filing:

(Numbers below correspond to numbers contained in form)

Note: The entries on this form may be typed or printed.

1. Company Name

(a) Enter accurate and complete name of submitting Company, its address and zip code.

(b) Enter the Primary and Alternate Contacts for the firm. These contacts should be "Principals" and possess legal responsibility for its management. They may be owners, partners, corporate officers, associates, administrators, etc.

Enter the contacts business telephone number and Email address.

1a. Indicate whether submission is for the Parent Company or Branch or Subsidiary Office. A "Parent Company" is a firm, company, corporation, association or conglomerate which is the major stockholder or highest tier owner of the firm completing the questionnaire. A "Branch or Subsidiary Office" is a satellite, or subsidiary extension, of a headquarters office of a company, regardless of any differences in name or legal structure of such a branch due to local or state law.

1b. If submission is for "Branch or Subsidiary Office" indicate the name of the "Parent Company, its address and zip code.

1c. If applicable, indicate the names of former parent companies for a period no less than 20-years. Use an attachment if necessary.

2. Year Present Firm Established: Enter the year the present firm was established.

3. Number of years at Present Location: Enter the number of years the firm has occupied their present location.

4. Type of Ownership: Indicate the type of ownership and if the firm is a small, small disadvantaged, minority, or woman-owned.

5. Personnel by Discipline:

5a. Enter total (sum of) personnel in the submitting office, numbers of personnel hired and separated in the last 12 months, the total number of minority employees, and the total number of disadvantaged (including women) employees.

5b. and 5c. Enter the total numbers of employees, by discipline, in submitting office. If the form is being submitted by the main or headquarters office, enter the total employees, by discipline, in all offices. While some personnel may be qualified in several disciplines, each person should be counted only once in accord with his or her primary function. Include clerical personnel as "Administrative". Write in any additional and the number of people in the blank spaces provided.

5d. Enter information relating to Labor Pool Sources, such as Union Locals, Agencies, Sub-Contractors, other branches of the company, etc.

5e. Enter information relating to Training Programs executed or used by Company Personnel during the last three (3) calendar years.

6. Summary of Professional Service Fees Received.

Insert the amount of fees received by submitting firm for the last three (3) calendar years for each category. The categories include local, state and federal government work, all other domestic work, and all other foreign work.

7. Profile of Firm's Project Experience in the last (3) years.

7a. Enter data regarding the firm's experience for up to 30 "Profile Codes" (SEE: Profile Code list on page A-4.), in numerical sequence. Select and enter the Profile Code which best indicates the type and scope of services on projects. For each code number, enter the total number of projects and total gross fees for those projects.

7b. Enter data regarding the number of sole or joint venture projects completed in the last five (5) years.

8. Project Examples, last five (3) years.

(a) Enter the project title, its address and zip code.

(b) Enter the firm's role with the project. Firm's role includes:

- ☐ **P** Prime Professional Firm
- ☐ **JV** Joint Venture
- ☐ **C** Consultant
- ☐ **IE** Individual Experience (New firms with less than five (5) years of experience. Provide individual's name and location of experience on attachment)

(c) Enter the Owner's name, the owner's contact's name, his or her telephone number, address and zip code.

(d) Enter the Profile Code of the project. (SEE: Profile Code list on following page.)

(e) Select and enter the appropriate following “Experience Code” pertaining to the firm’s last five (5) years experience performing work concerning the project’s “Profile Code”.

- 0 Individual Experience with other firm
(SEE: 8(a) Attachment for IE entry.)
- 1 First Project
- 2 Under five (5) projects.
- 3 Over five (5) projects.

(f) Enter project Change Order data.

(g) If there was/is an investigation, lawsuit, liquidated damages, liens or claims, failed milestones, and/or warranty work related to the project, check appropriate box.

(h) Enter the Original (Schematic Design or earlier) Cost Estimate for A-E Services. Enter General Contractor original total Bid for Construction Managers.

(i) Enter the final and total cost of the project.

(j) Enter the original project completion target date at the time of award of construction contract.

(k) Enter the actual total (not substantial) completion date of the project.

9. Current Major Projects. Enter information of regarding major projects the firm is now performing services for (use attachment if necessary).

(a) Enter the Project Title.

(b) Enter the firm’s role with the project. Firm’s role includes:

- **P** Prime Professional Firm
- **JV** Joint Venture
- **C** Consultant

(c) Enter the Profile Code and Experience Code of the project. (SEE: Profile Code list on following page.)

(d) Enter the date which the project shall be completed.

(e) Enter the Primary Facility’s Size (SF, SY, etc.) and cost, rounded to \$100,000. Enter the cost of supporting facilities. Enter the total project cost. scope (SF, SY, etc.) of the project. . If cost information is considered “confidential” by owner, state “CONFIDENTIAL”.

10. Subcontractor Information. Enter information of regarding subcontractors the company may use for the proposed project. (use attachment if necessary).

(a) Enter Company Name and Service(s) Provided.

(b) Enter Company Address.

(c) Enter Primary Contact information.

(d) Enter Profile Code and Experience Code.

(e) Indicate if a Court of Justice Construction Service Provider Questionnaire for Subcontractor is attached.

10. Certification that the forgoing is a statement of facts. The signature of a principal of the firm, preferably the chief executive officer, certifies that the information entered on the questionnaire is true.

Profile Codes (extracted from GAO SF254) for use in
Item 7, 8, and 9.

001 Acoustics: Noise Abatement	066 Military Design Standards, Government and Industry Design Standards
002 Aerial Photogrammetry	067 Mining and Mineralogy
003 Agriculture Development, Grain Storage, Farm Mechanization	068 Missile Facilities (Silos, Fuels, Transport)
004 Air Pollution Control	069 Modular Systems Design, Pre-Fabricated Structures or Components
005 Airports: nav aids, airport lighting, aircraft fueling	070 Naval Architecture, Off-Shore Platforms
006 Airports: terminals, hangars, freight handling	071 Ordnance, Munitions, Special Weapons
007 Arctic Facilities	075 Petroleum Exploration, Refining
008 Auditoriums and Theaters	076 Petroleum and Fuel Storage and Distribution
009 Automation: controls, instrumentation	077 Pipelines (Cross Country Liquid and Gas)
010 Barracks and Dormitories	078 Planning (Community, Regional, Areawide, and State)
011 Bridges	079 Planning (Site, Installation, and Project)
012 Cemeteries	080 Plumbing and Piping Design
013 Chemical Processing and Storage	081 Pneumatic Structures, Air-Supported Buildings
014 Churches and Chapels	082 Postal Facilities
015 Codes, Standards, Ordinances	083 Power Generation, Transmission, Distribution
016 Cold Storage, Refrigeration, Fast Freeze	084 Prisons and Correctional Facilities
017 Commercial Low Rise Building, Shopping Centers	085 Product, Machine and Equipment Design
018 Communications Systems, TV, Microwave	086 Radar, Sonar, Radio and Radar Telescopes
019 Computer Facilities, Computer Service	087 Railroad, Rapid Transit
020 Conservation and Resource Management	088 Recreational Facilities (Parks, Marinas, Etc.)
021 Construction Management	089 Rehabilitation (Buildings, Structures, Facilities)
022 Corrosion Control, Cathodic Protection, Electrolysis	090 Resource Recovery, Recycling
023 Cost Estimating	091 Radio Frequency Systems and Shieldings
024 Dams, Concrete	092 Rivers, Canals, Waterways, Flood Control
025 Dams (Earth & Rock), Dikes, Levies	093 Safety Engineering, Accident Studies, OSHA Studies
026 Desalinization (Process & Facilities)	094 Security Systems, Intruder and Smoke Detection
027 Dining Halls, Clubs, Restaurants	095 Seismic Designs and Studies
028 Ecological and Archeological Investigations	096 Sewage Collection, Treatment and Disposal
029 Educational Facilities, Classrooms	097 Soils and Geologic Studies (Foundations)
030 Electronics	098 Solar Energy Utilization
031 Elevators, Escalators, People-Movers	099 Solid Wastes, Incineration, Land Fill
032 Energy Conservation, New Energy Sources	100 Special Environments, Clean Rooms, Etc.
033 Environmental Impact Studies, Assessments or Statements	101 Structural Design, Special Structures
034 Fallout Shelters, Blast-Resistant Design	102 Surveying, Platting, Mapping, Flood Plain Studies
035 Field Houses, Gyms, Stadiums	103 Swimming Pools
036 Fire Protection	104 Storm Water Handling and Facilities
037 Fisheries, Fish Ladders	105 Telephone Systems
038 Forestry and Forest Products	106 Testing and Inspection Services
039 Garages, Vehicle Maintenance Facilities, Parking Structures	107 Traffic and Transportation Engineering
040 Gas Systems (Propane, Natural, Etc.)	108 Towers (Self Supported & Guyed Systems)
041 Graphic Design	109 Tunnels and Subways
042 Harbors, Jetties, Piers, Terminal Facilities	110 Urban Renewals, Community Development
043 Heating, Ventilating, Air Conditioning (HVAC)	111 Utilities
044 Health Systems Planning	112 Value Analysis, Life-Cycle Costing
045 Highrises (Air-Rights-Type Buildings)	113 Warehouses and Depots
046 Highways, Streets, Airfield Paving, Parking Lots	114 Water Resources, Hydrology, Ground Water
047 Historical Preservation	115 Water Supply, Treatment and Distribution
048 Hospital and Medical Facilities	116 Wind Tunnels, Research/Testing Facilities Design
049 Hotels and Motels	117 Zoning, Land Use Studies
050 Housing (Residential, Multi-Family, Apartments, Condominiums)	201 _____
051 Hydraulics and Pneumatics	202 _____
052 Industrial Buildings, Manufacturing Plants	203 _____
053 Industrial Processes, Quality Control	204 _____
054 Industrial Waste Treatment	205 _____
055 Interior Design, Space Planning	
056 Irrigation and Drainage	
057 Judicial and Courtroom Facilities	
058 Laboratories, Medical Research Facilities	
059 Landscape Architecture	
060 Libraries, Museums, Galleries	
061 Lighting (Interior)	
062 Lighting (Exterior)	
063 Material Handling Systems, Conveyors, Sorters	
064 Metallurgy	
065 Microclimatology, Tropical Engineering	

Commonwealth of Kentucky Court of Justice



Construction Service Provider Questionnaire

Date Prepared: ____/____/____

1. Company Name: _____ Address (Street/City/ZIP): _____ Primary Contact/Position: _____ / _____ Telephone Number: (____) ____-____ Email Address: _____																													
Alternate Contact/Position: _____ / _____ Telephone Number: (____) ____-____ Email Address: _____																													
1a. Submittal is for: <input type="checkbox"/> Parent Company <input type="checkbox"/> Branch or Subsidiary Office																													
1b. Name of Parent Company, if applicable: _____ Address (Street/City/ZIP): _____																													
1c. Names of Former Company Names and Former Parent Companies and Year(s) Established, if applicable: _____																													
2. Year Present Firm Established: _____		3. Number of Years at Present Location: _____																											
4. Type of Ownership <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership* </div> <div style="width: 30%;"> <input type="checkbox"/> Joint Venture* <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Small Disadvantaged Business </div> <div style="width: 30%;"> <input type="checkbox"/> Small Business <input type="checkbox"/> Minority-Owned Business <input type="checkbox"/> Woman Owned Business </div> </div> * Name/percent of other party: _____ / _____% Address (Street/City/ZIP): _____																													
5. Personnel Information: 5a. General Personnel Data: Total Personnel: _____ <div style="display: flex; justify-content: space-between;"> Total Hired in last 12 Months: _____ Total Separated in last 12Months: _____ </div> <div style="display: flex; justify-content: space-between;"> Total Minority Employees: _____ Total Disadvantaged Employees: _____ </div>																													
5b. General and Professional Employees available for Project (list each person only once, by primary function): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">___ Administrative</td> <td style="width: 33%;">___ Facility Managers</td> <td style="width: 33%;">___ Security Designers</td> </tr> <tr> <td>___ Architects (<i>Registered</i>)</td> <td>___ Geologists</td> <td>___ Soils Engineers</td> </tr> <tr> <td>___ Civil Engineers</td> <td>___ Hydrologists</td> <td>___ Specification Writers</td> </tr> <tr> <td>___ Construction Inspectors</td> <td>___ Interior Designers</td> <td>___ Structural Engineers</td> </tr> <tr> <td>___ Construction Managers</td> <td>___ Land Surveyors</td> <td>___ Transportation Engineers</td> </tr> <tr> <td>___ Draftsmen</td> <td>___ Master Planners</td> <td>___ _____</td> </tr> <tr> <td>___ Ecologists</td> <td>___ Mechanical Engineers</td> <td>___ _____</td> </tr> <tr> <td>___ Electrical Engineers</td> <td>___ Mining Engineers</td> <td>___ _____</td> </tr> <tr> <td>___ Estimators</td> <td>___ Sanitary Engineers</td> <td>___ _____</td> </tr> </table>			___ Administrative	___ Facility Managers	___ Security Designers	___ Architects (<i>Registered</i>)	___ Geologists	___ Soils Engineers	___ Civil Engineers	___ Hydrologists	___ Specification Writers	___ Construction Inspectors	___ Interior Designers	___ Structural Engineers	___ Construction Managers	___ Land Surveyors	___ Transportation Engineers	___ Draftsmen	___ Master Planners	___ _____	___ Ecologists	___ Mechanical Engineers	___ _____	___ Electrical Engineers	___ Mining Engineers	___ _____	___ Estimators	___ Sanitary Engineers	___ _____
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___ Ecologists	___ Mechanical Engineers	___ _____																											
___ Electrical Engineers	___ Mining Engineers	___ _____																											
___ Estimators	___ Sanitary Engineers	___ _____																											

5c. Construction Employees available for Project (list each person only once, by primary function):

<input type="checkbox"/> Carpenters, Apprentices	<input type="checkbox"/> Masons, Brick, Journeymen
<input type="checkbox"/> Carpenters, Journeyman	<input type="checkbox"/> Masons, Stone, Apprentices
<input type="checkbox"/> Concrete workers, Journeyman	<input type="checkbox"/> Masons, Stone, Journeymen
<input type="checkbox"/> Concrete, Apprentices	<input type="checkbox"/> Pipefitters, Apprentices
<input type="checkbox"/> Data Network Workers, Apprentices	<input type="checkbox"/> Pipefitters, Journeymen
<input type="checkbox"/> Data Network Workers, Journeymen	<input type="checkbox"/> Plumbers, Apprentices
<input type="checkbox"/> Drywallers, Apprentices	<input type="checkbox"/> Plumbers, Licensed/Journeymen
<input type="checkbox"/> Drywallers, Journeymen	<input type="checkbox"/> Roofers, Apprentices
<input type="checkbox"/> Electricians, Apprentices	<input type="checkbox"/> Roofers, Journeyman
<input type="checkbox"/> Electricians, Licensed/Journeymen	<input type="checkbox"/> Security System Workers, Apprentices
<input type="checkbox"/> Foremen	<input type="checkbox"/> Security System Workers, Journeymen
<input type="checkbox"/> General Construction Laborers	<input type="checkbox"/> Superintendents
<input type="checkbox"/> Heavy Equipment Operators, Apprentices	<input type="checkbox"/> Telecommunication Workers, Apprentices
<input type="checkbox"/> Heavy Equipment Operators, Journeymen	<input type="checkbox"/> Telecommunication Workers, Journeymen
<input type="checkbox"/> HVAC, Apprentices	<input type="checkbox"/> Welders, Apprentices
<input type="checkbox"/> HVAC, Licensed/Journeymen	<input type="checkbox"/> Welders, Licensed/Journeymen
<input type="checkbox"/> Iron/Steel workers, Apprentices	<input type="checkbox"/> _____
<input type="checkbox"/> Iron/Steel workers, Journeyman	<input type="checkbox"/> _____
<input type="checkbox"/> Laborers, General	<input type="checkbox"/> _____
<input type="checkbox"/> Masons, Block, Apprentices	<input type="checkbox"/> _____
<input type="checkbox"/> Masons, Block, Journeymen	<input type="checkbox"/> _____
<input type="checkbox"/> Masons, Brick Apprentices	<input type="checkbox"/> _____

5d. Labor Pool Sources available for Project (list all sources such as Union Locals, Agencies, etc., use attachment, if necessary):

#1 Union/Agency Name: _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

#2 Union/Agency Name: _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

#3 Union/Agency Name: _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

#4 Union/Agency Name: _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

#5 Union/Agency Name: _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

#6 Union/Agency Name: _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

Position Title: _____ Number Available: _____

5e. Training Programs (enter data for last three years):

	Number of <u>Classes</u>	Number of <u>Attendees</u>	<u>Comments</u>
Trades Training Programs executed:	_____	_____	_____
Management Training Programs executed:	_____	_____	_____
Job Safety Training Programs executed:	_____	_____	_____
Personal Development Programs executed:	_____	_____	_____
Other Training Programs executed:	_____	_____	_____

6. Summary by Construction Service Fees Received (last three calendar years):

	Year _____	Year _____	Year _____
KY Local Government Contract Work: \$ _____,	\$ _____,	\$ _____,	\$ _____,
Non-KY Local Government Contract Work: \$ _____,	\$ _____,	\$ _____,	\$ _____,
KY State Government Contract Work: \$ _____,	\$ _____,	\$ _____,	\$ _____,
Non-KY State Government Contract Work: \$ _____,	\$ _____,	\$ _____,	\$ _____,
Federal Government Contract Work: \$ _____,	\$ _____,	\$ _____,	\$ _____,
All other Domestic Work: \$ _____,	\$ _____,	\$ _____,	\$ _____,
All other Foreign Work: \$ _____,	\$ _____,	\$ _____,	\$ _____,
Totals: \$ _____,	\$ _____,	\$ _____,	\$ _____,

7. Profile of Firm's Project Experience in the last three (3) years.

7a. Profile Codes/Numbers of Projects/Total Gross Fees

Profile Code	Number of Projects	Total Gross Fees (in thousands)	Profile Code	Number of Projects	Total Gross Fees (in thousands)	Profile Code	Number of Projects	Total Gross Fees (in thousands)
(1)		\$	(11)		\$	(21)		\$
(2)		\$	(12)		\$	(22)		\$
(3)		\$	(13)		\$	(23)		\$
(4)		\$	(14)		\$	(24)		\$
(5)		\$	(15)		\$	(25)		\$
(6)		\$	(16)		\$	(26)		\$
(7)		\$	(17)		\$	(27)		\$
(8)		\$	(18)		\$	(28)		\$
(9)		\$	(19)		\$	(29)		\$
(10)		\$	(20)		\$	(30)		\$

7b. Types of Projects (enter number of projects corresponding to project type only once):

Sole Contractor			Joint Venture		
Types of Projects	Number of Projects	Total Gross Fees (in thousands)	Types of Projects	Number of Projects	Total Gross Fees (in thousands)
Design:			Design:		
Design-Build:			Design-Build:		
Construction Management:			Construction Management:		
General Contractor:			General Contractor:		
			Sub-Contractor:		

8. Projects Executed, last three (3) years:

(1) Project Title: _____ Firm's Role: _____

Address (Street/City/ZIP): _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Alternate Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Profile Code: _____ Experience Code: _____

Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____

Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

☐ Investigation(s) ☐ Liquidated Damages ☐ Failed Milestones

☐ Lawsuits ☐ Liens/Claims ☐ Warranty Work

Original Scope: Primary Facility Size: _____ SF Primary Facility Budget: \$_____,_____,_____

Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____

As-Built Scope: Primary Facility Size: _____ SF Primary Facility Cost: \$_____,_____,_____

Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____

Original Target Completion Date: _____ Actual Final Completion Date: _____

(2) Project Title: _____ Firm's Role: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Alternate Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Profile Code: _____ Experience Code: _____
Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____
Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
☐ Investigation(s) ☐ Liquidated Damages ☐ Failed Milestones
☐ Lawsuits ☐ Liens/Claims ☐ Warranty Work
Original Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Budget: \$_____,_____,_____
Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____
As-Built Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Cost: \$_____,_____,_____
Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____
Original Target Completion Date: _____ Actual Final Completion Date: _____

(3) Project Title: _____ Firm's Role: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Alternate Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Profile Code: _____ Experience Code: _____
Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____
Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
☐ Investigation(s) ☐ Liquidated Damages ☐ Failed Milestones
☐ Lawsuits ☐ Liens/Claims ☐ Warranty Work
Original Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Budget: \$_____,_____,_____
Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____
As-Built Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Cost: \$_____,_____,_____
Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____
Original Target Completion Date: _____ Actual Final Completion Date: _____

Notes and Comments: _____

(4) Project Title: _____ Firm's Role: _____

Address (Street/City/ZIP): _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Alternate Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Profile Code: _____ Experience Code: _____

Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____

Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

☐ Investigation(s) ☐ Liquidated Damages ☐ Failed Milestones

☐ Lawsuits ☐ Liens/Claims ☐ Warranty Work

Original Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Budget: \$_____,_____,_____

Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____

As-Built Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Cost: \$_____,_____,_____

Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____

Original Target Completion Date: _____ Actual Final Completion Date: _____

(5) Project Title: _____ Firm's Role: _____

Address (Street/City/ZIP): _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Alternate Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Profile Code: _____ Experience Code: _____

Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____

Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

☐ Investigation(s) ☐ Liquidated Damages ☐ Failed Milestones

☐ Lawsuits ☐ Liens/Claims ☐ Warranty Work

Original Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Budget: \$_____,_____,_____

Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____

As-Built Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Cost: \$_____,_____,_____

Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____

Original Target Completion Date: _____ Actual Final Completion Date: _____

Notes and Comments: _____

(6) Project Title: _____ Firm's Role: _____

Address (Street/City/ZIP): _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Alternate Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Profile Code: _____ Experience Code: _____

Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____

Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$____,____,____

Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____

Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$____,____,____

☐ Investigation(s) ☐ Liquidated Damages ☐ Failed Milestones

☐ Lawsuits ☐ Liens/Claims ☐ Warranty Work

Original Scope: Primary Facility Size: _____ SF Primary Facility Budget: \$____,____,____

Supporting Facilities Budget: \$____,____,____ Total Original Budget: \$____,____,____

As-Built Scope: Primary Facility Size: _____ SF Primary Facility Cost: \$____,____,____

Supporting Facilities Cost: \$____,____,____ Total As-Built Cost: \$____,____,____

Original Target Completion Date: _____ Actual Final Completion Date: _____

(7) Project Title: _____ Firm's Role: _____

Address (Street/City/ZIP): _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Alternate Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Profile Code: _____ Experience Code: _____

Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____

Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$____,____,____

Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____

Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$____,____,____

☐ Investigation(s) ☐ Liquidated Damages ☐ Failed Milestones

☐ Lawsuits ☐ Liens/Claims ☐ Warranty Work

Original Scope: Primary Facility Size: _____ SF Primary Facility Budget: \$____,____,____

Supporting Facilities Budget: \$____,____,____ Total Original Budget: \$____,____,____

As-Built Scope: Primary Facility Size: _____ SF Primary Facility Cost: \$____,____,____

Supporting Facilities Cost: \$____,____,____ Total As-Built Cost: \$____,____,____

Original Target Completion Date: _____ Actual Final Completion Date: _____

Notes and Comments: _____

(8) Project Title: _____ Firm's Role: _____

Address (Street/City/ZIP): _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Alternate Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Profile Code: _____ Experience Code: _____

Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____

Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

☐ Investigation(s) ☐ Liquidated Damages ☐ Failed Milestones

☐ Lawsuits ☐ Liens/Claims ☐ Warranty Work

Original Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Budget: \$_____,_____,_____

Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____

As-Built Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Cost: \$_____,_____,_____

Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____

Original Target Completion Date: _____ Actual Final Completion Date: _____

(9) Project Title: _____ Firm's Role: _____

Address (Street/City/ZIP): _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Alternate Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Profile Code: _____ Experience Code: _____

Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____

Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

☐ Investigation(s) ☐ Liquidated Damages ☐ Failed Milestones

☐ Lawsuits ☐ Liens/Claims ☐ Warranty Work

Original Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Budget: \$_____,_____,_____

Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____

As-Built Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Cost: \$_____,_____,_____

Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____

Original Target Completion Date: _____ Actual Final Completion Date: _____

Notes and Comments: _____

(10) Project Title: _____ Firm's Role: _____

Address (Street/City/ZIP): _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Alternate Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Profile Code: _____ Experience Code: _____

Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____

Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

☐ Investigation(s) ☐ Liquidated Damages ☐ Failed Milestones

☐ Lawsuits ☐ Liens/Claims ☐ Warranty Work

Original Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Budget: \$_____,_____,_____

Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____

As-Built Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Cost: \$_____,_____,_____

Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____

Original Target Completion Date: _____ Actual Final Completion Date: _____

(11) Project Title: _____ Firm's Role: _____

Address (Street/City/ZIP): _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Alternate Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Profile Code: _____ Experience Code: _____

Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____

Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

☐ Investigation(s) ☐ Liquidated Damages ☐ Failed Milestones

☐ Lawsuits ☐ Liens/Claims ☐ Warranty Work

Original Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Budget: \$_____,_____,_____

Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____

As-Built Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Cost: \$_____,_____,_____

Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____

Original Target Completion Date: _____ Actual Final Completion Date: _____

Notes and Comments: _____

(12) Project Title: _____ Firm's Role: _____

Address (Street/City/ZIP): _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Alternate Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Profile Code: _____ Experience Code: _____

Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____

Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

☐ Investigation(s) ☐ Liquidated Damages ☐ Failed Milestones

☐ Lawsuits ☐ Liens/Claims ☐ Warranty Work

Original Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Budget: \$_____,_____,_____

Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____

As-Built Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Cost: \$_____,_____,_____

Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____

Original Target Completion Date: _____ Actual Final Completion Date: _____

(13) Project Title: _____ Firm's Role: _____

Address (Street/City/ZIP): _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Alternate Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Profile Code: _____ Experience Code: _____

Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____

Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

☐ Investigation(s) ☐ Liquidated Damages ☐ Failed Milestones

☐ Lawsuits ☐ Liens/Claims ☐ Warranty Work

Original Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Budget: \$_____,_____,_____

Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____

As-Built Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Cost: \$_____,_____,_____

Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____

Original Target Completion Date: _____ Actual Final Completion Date: _____

Notes and Comments: _____

(14) Project Title: _____ Firm's Role: _____

Address (Street/City/ZIP): _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____-____ Email Address: _____

Alternate Contact/Position: _____ / _____

Telephone Number: (____) ____-____ Email Address: _____

Profile Code: _____ Experience Code: _____

Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____

Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$____,____,____

Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____

Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$____,____,____

☐ Investigation(s) ☐ Liquidated Damages ☐ Failed Milestones

☐ Lawsuits ☐ Liens/Claims ☐ Warranty Work

Original Scope: Primary Facility Size: _____ SF Primary Facility Budget: \$____,____,____

Supporting Facilities Budget: \$____,____,____ Total Original Budget: \$____,____,____

As-Built Scope: Primary Facility Size: _____ SF Primary Facility Cost: \$____,____,____

Supporting Facilities Cost: \$____,____,____ Total As-Built Cost: \$____,____,____

Original Target Completion Date: _____ Actual Final Completion Date: _____

(15) Project Title: _____ Firm's Role: _____

Address (Street/City/ZIP): _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____-____ Email Address: _____

Alternate Contact/Position: _____ / _____

Telephone Number: (____) ____-____ Email Address: _____

Profile Code: _____ Experience Code: _____

Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____

Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$____,____,____

Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____

Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$____,____,____

☐ Investigation(s) ☐ Liquidated Damages ☐ Failed Milestones

☐ Lawsuits ☐ Liens/Claims ☐ Warranty Work

Original Scope: Primary Facility Size: _____ SF Primary Facility Budget: \$____,____,____

Supporting Facilities Budget: \$____,____,____ Total Original Budget: \$____,____,____

As-Built Scope: Primary Facility Size: _____ SF Primary Facility Cost: \$____,____,____

Supporting Facilities Cost: \$____,____,____ Total As-Built Cost: \$____,____,____

Original Target Completion Date: _____ Actual Final Completion Date: _____

Notes and Comments: _____

9. Current Major Projects

(1) Project Title: _____ Firm's Role: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____-____ Email Address: _____
Profile Code:____ Experience Code:____ Anticipated Construction Completion Date:____
Project Scope: Primary Facility Size: ____, ____, ____ SF Primary Facility Budget: \$ ____, ____, ____
Supporting Facilities Budget: \$ ____, ____, ____ Total Budget: \$ ____, ____, ____

(2) Project Title: _____ Firm's Role: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____-____ Email Address: _____
Profile Code:____ Experience Code:____ Anticipated Construction Completion Date:____
Project Scope: Primary Facility Size: ____, ____, ____ SF Primary Facility Budget: \$ ____, ____, ____
Supporting Facilities Budget: \$ ____, ____, ____ Total Budget: \$ ____, ____, ____

(3) Project Title: _____ Firm's Role: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____-____ Email Address: _____
Profile Code:____ Experience Code:____ Anticipated Construction Completion Date:____
Project Scope: Primary Facility Size: ____, ____, ____ SF Primary Facility Budget: \$ ____, ____, ____
Supporting Facilities Budget: \$ ____, ____, ____ Total Budget: \$ ____, ____, ____

(4) Project Title: _____ Firm's Role: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____-____ Email Address: _____
Profile Code:____ Experience Code:____ Anticipated Construction Completion Date:____
Project Scope: Primary Facility Size: ____, ____, ____ SF Primary Facility Budget: \$ ____, ____, ____
Supporting Facilities Budget: \$ ____, ____, ____ Total Budget: \$ ____, ____, ____

(5) Project Title: _____ Firm's Role: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____-____ Email Address: _____
Profile Code:____ Experience Code:____ Anticipated Construction Completion Date:____
Project Scope: Primary Facility Size: ____, ____, ____ SF Primary Facility Budget: \$ ____, ____, ____
Supporting Facilities Budget: \$ ____, ____, ____ Total Budget: \$ ____, ____, ____

(6) Project Title: _____ Firm's Role: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____-____ Email Address: _____
Profile Code:____ Experience Code:____ Anticipated Construction Completion Date:____
Project Scope: Primary Facility Size: ____, ____, ____ SF Primary Facility Budget: \$ ____, ____, ____
Supporting Facilities Budget: \$ ____, ____, ____ Total Budget: \$ ____, ____, ____

10. Subcontractor Information (use attachment if necessary):

(1) Company Name: _____
Services Provided: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Profile Code: _____ Experience Code: _____ ☐ Questionnaire Attached

(2) Company Name: _____
Services Provided: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Profile Code: _____ Experience Code: _____ ☐ Questionnaire Attached

(3) Company Name: _____
Services Provided: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Profile Code: _____ Experience Code: _____ ☐ Questionnaire Attached

(4) Company Name: _____
Services Provided: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Profile Code: _____ Experience Code: _____ ☐ Questionnaire Attached

(5) Company Name: _____
Services Provided: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Profile Code: _____ Experience Code: _____ ☐ Questionnaire Attached

10. Certification that the forgoing is a statement of facts:

Signature: _____
Printed Name: _____
Title: _____
Date: _____

11. Certification Date Received (Project Development Board or Court of Justice use only):

Date Received: _____
Receiving Official's Signature: _____
Receiving Official's Title: _____